

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to five-year rules review

The Human Services Department hereby amends Chapter 90, “Case Management Services,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

Chapter 90 was reviewed as part of the Department’s five-year rules review. Chapter 90 provides information on case management services and when those services are available to members.

This rules review resulted in the following technical amendments. Definitions are updated to provide correct references to other chapters. “Enterprise” is removed from the phrase “Iowa Medicaid enterprise” to be consistent across all chapters related to Medicaid. References to federal regulations are also updated to provide accurate listings.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on November 16, 2022, as **ARC 6643C**. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on January 12, 2023.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on April 1, 2023.

The following rule-making actions are adopted:

ITEM 1. Amend rule **441—90.1(249A)**, definitions of “Care coordination,” “Chronic mental illness,” “Integrated health home,” “Intellectual disability,” “Major incident,” “Managed care organization” and “Medical institution,” as follows:

“*Care coordination*” means the case management services provided by an integrated health home to members who are also receiving home- and community-based habilitation services pursuant to ~~rule 441—78.27(249A)~~ 441—Chapter 78 or HCBS children’s mental health waiver services pursuant to ~~rules 441—83.121(249A) through 441—83.129(249A)~~ 441—Chapter 83.

“*Chronic mental illness*” means a condition present in adults who have a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. The definition of chronic mental illness and qualifying criteria are found at ~~rule 441—24.1(225C)~~ in 441—Chapter 24. For purposes of this chapter, people with mental disorders resulting from Alzheimer’s disease or substance abuse shall not be considered chronically mentally ill.

“*Integrated health home*” or “*IHH*” means a provider of health home services that is a Medicaid-enrolled provider and that is determined through the provider enrollment process to have the qualifications, systems and infrastructure in place to provide IHH services pursuant to ~~rule 441—77.47(249A)~~ 441—Chapter 77. IHH covered services and member eligibility for IHH enrollment are also governed by ~~rule 441—78.53(249A)~~ 441—Chapter 78 and the health home state plan amendment. The IHH provides care coordination services for enrolled habilitation and children’s mental health waiver members.

“*Intellectual disability*” means a diagnosis of intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder). Diagnosis criteria are outlined in ~~rule 441—83.61(249A)~~ 441—Chapter 83.

“*Major incident*” means an occurrence that involves a member who is enrolled in an HCBS waiver, targeted case management, or habilitation services and that:

1. to 5. No change.

6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in numbered paragraph “1,” “2,” or “3”; or

~~6. 7.~~ Involves a member’s location being unknown by provider staff who are responsible for protective oversight.

“*Managed care organization*” or “*MCO*” means the same as defined in ~~rule 441—73.1(249A)~~ 441—Chapter 73.

“*Medical institution*” means an institution that is organized, staffed, and authorized to provide medical care as set forth in the most recent amendment to 42 Code of Federal Regulations Section 435.1009 as amended to October 20, 2022. A residential care facility is not a medical institution.

ITEM 2. Amend subrule 90.2(1) as follows:

90.2(1) Eligibility for targeted case management. A person who meets all of the following criteria shall be eligible for targeted case management:

a. The person is eligible for Medicaid or is conditionally eligible under ~~441—subrule 75.1(35)~~ 441—Chapter 75;

b. to f. No change.

ITEM 3. Amend paragraph **90.2(3)“b”** as follows:

b. *Application decision for targeted case management.* The case manager shall inform the applicant, or the applicant’s guardian or representative, of any decision to approve, deny, or delay the service in accordance with the notification requirements at ~~rule 441—16.3(17A)~~ 441—Chapter 16.

ITEM 4. Amend subrule 90.3(2) as follows:

90.3(2) The provider shall notify the member or the member's guardian or representative in writing of the termination of targeted case management, in accordance with ~~rule 441—16.3(17A)~~ 441—Chapter 16.

ITEM 5. Amend subrule 90.6(1) as follows:

90.6(1) *Documentation of contacts*. Subrule 90.6(1) applies to all categories of case management and all populations covered by case management.

a. Documentation of case management services contacts shall include:

- (1) The name of the individual case manager;
- (2) The need for, and occurrences of, coordination with other case managers within the same agency or referral or transition to another case management agency; and
- (3) Other requirements as outlined in ~~rule 441—79.3(249A)~~ 441—Chapter 79 to support payment of services.

b. Targeted case management providers serving FFS members must also adhere to ~~441—subrule 24.4(4)~~ 441—Chapter 24.

ITEM 6. Amend subrule 90.7(3), introductory paragraph, as follows:

90.7(3) *Quality assurance*. Case management services providers shall cooperate with quality assurance activities conducted by ~~the~~ Iowa Medicaid ~~enterprise~~ or a Medicaid managed care organization, as well as any other state or federal entity with oversight authority to ensure the health, safety, and welfare of Medicaid members. These activities may include, but are not limited to:

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 2/8/23.